



MISS/HOMELAND SECURITY GRANT DAMAGED, LOST OR STOLEN EQUIPMENT REPORT

*Mail to ICEMA, ATTN: Mary Anne Emanuel, 1425 South "D" Street, San Bernardino, CA 92415-0600 or
FAX to (909) 388-5850 ATTN: Mary Anne Emanuel or Email to MEmmanuel@cao.sbcounty.gov*

Date: _____

Recipient: _____ Recipient Contact: _____

Phone #: _____ Email: _____

Equipment Description: _____

Inventory Tag #: _____ Date of Last Physical Inspection: _____

Equipment Item Condition: ☐ Damaged ☐ Lost ☐ Stolen

Date of Incident: _____

Police Report: ☐ Yes ☐ No If applicable, Date of police report: _____ Report #: _____

Name of Police/Sheriff Department: _____ Contact at Police/Sheriff Dept.: _____

Phone #: _____ Email: _____

Insurance Claim/Report: ☐ Yes ☐ No If applicable, Date of claim/report: _____ Claim #: _____

Name of Insurance Company: _____ Contact at Insurance Company: _____

Phone #: _____ Email: _____

Incident Narrative: _____

Representative Name – Printed

Representative Signature